

the Puritan Fathers who founded the Colony of Massachusetts Bay, and thus it quaintly reads:

"After God had carried us safe to New England
And we had builded our houses
Provided necessities for our liveli hood
Reard convenient places for Gods worship
And settled the Civill Government
One of the next things we longed for
And looked after was to advance learning
And perpetuate it to posterity
Dreading to leave an illiterate ministry
To the churches when our present ministers
Shall lie in the dust."

That prayer which was breathed in the dawn of our history, by those lonely but rugged founders of this land, pleading for the guidance of God to help them establish a seat of learning at Harvard that, when their present ministers should have passed into the shadow of the dark valley, there might be others prepared to keep watch and ward over souls in their stead, that prayer, dear friends, we would make our own today; not at this particular hour for our ministers, but for the doctors and nurses who will minister here in the years that are yet unborn. Humbly do we beseech Thee, O Thou Great God in Heaven Above, that, when the strings of the harps of our lives shall be muted; when these wards shall know our walk and way, and hear our voices no more, forever; that in humility we may have in this place, so taught our sons and daughters, not only in the science, but in the spirituality of medicine, that thousands of afflicted ones who will enter in within these portals shall say of them, as was said of our blessed Lord and Savior in the long ago: "Surely He hath borne our griefs and carried our sorrows: Himself took our infirmities and bare our sicknesses." Amen.

Boyle and Michigan Avenues.

LOS ANGELES COUNTY HOSPITAL—SOME REMARKS*

By JOHN V. BARROW, M. D.
Los Angeles

THIS building marks Medicine's contribution to enduring civilization. It stands as a memorial to the principle of service from the more fortunate to the more unfortunate. Today we rededicate ourselves to this age-old principle of service, handed down to us more than 2,500 years ago. By this dedication today the spirit of helpfulness born within us, espoused by teachers and philosophers of the ages, receives a new birth. We have met here that this sacred principle should receive new sustenance in this day of bewildering civilization. This building seals a pledge from us that the unfortunate needy of our community are our sacred heritage; that we shall not permit the helpless sick to go unattended in the midst of joy and plenty. The principle on which this structure stands is our best guarantee of an enduring civilization. This torch of service shall be held high

by the arms of those who have means to give and by those who have hearts to serve. Here a worthy citizenry upholds the arms of physician and nurse.

Today we dedicate this building to the continuation of that principle of service to the unfortunate sick. We jealously guard these doors against the entrance of the unworthy. We charge the gatekeepers of public trust that those able to care for themselves enter not here. The financially undeserving who pass these gates crowd out the needy and steal from the givers of sustenance and service. They thwart the principle that our deserving poor shall not wander helplessly in our streets, or suffer the pangs of hunger and disease by the wayside and in hidden places unattended. This building is a comfort to the givers in their daily hours of toil. It is their guarantee that their restful dreams through the night shall be made sweeter by the assurance that skillful hands minister with lavish kindness to the unfortunate sick of their community.

This service knows no race nor creed, nor previous condition of servitude. It bars neither saint nor sinner. This institution has a cosmopolitan population unsurpassed. In it are housed the unfortunates from fifty-two countries embracing sixty nationalities. Its occupants consist of 78 per cent of our own native-born. Our sister republic, Mexico, has 15 per cent, and our own colored race has 6 per cent. Our inmates from foreign lands surely must compare the care received in this institution with the care of the unfortunate in their native lands. Many of them can picture wandering groups—sick, hungry, unclad and unsheltered—turned aside, more from public inattention than from governmental desire for neglect. Those un-

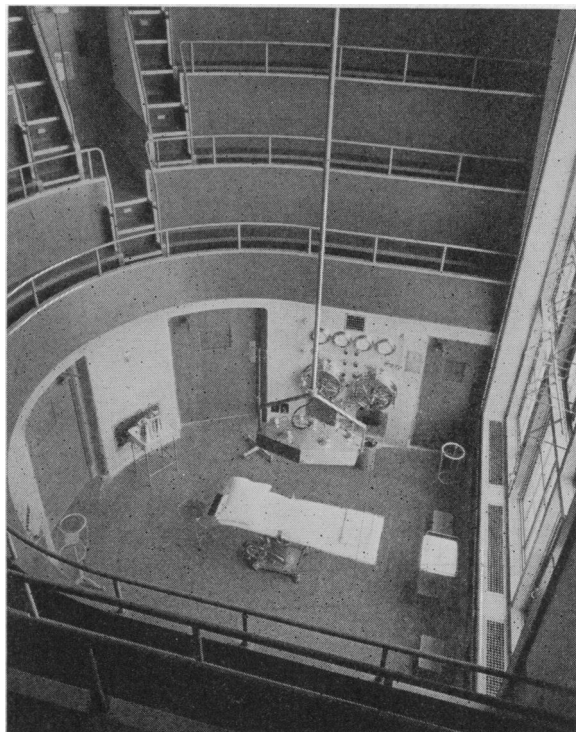


Fig. 1.—One of the twenty surgical operating rooms in the Acute Unit.

*Remarks on behalf of the Attending Staff at the dedication of the Acute Unit of the Los Angeles County Hospital on April 15, 1934.



Fig. 2.—Detail of entrance doors of Acute Unit of Los Angeles County Hospital (facing State Street).

fortunate groups cannot be a part of the picture in our own land.

The ideal care of this institution demands public assistance in social service and in the building of a public conscience that the poor be not crowded out of this house of service by the modern economic chiseler. Let him who enters undeservedly know that he is in every sense a cheater, and truly unpatriotic—for patriotism, like charity, begins at home.

The dedication of this building should bring to the attention of our community the unselfishly contributed work of some three or four hundred physicians, chosen with searching care from the best of our profession. It is their work that makes this institution possible. It is their work that makes entrance here sought. Their annual contribution in service far overbalances that of the taxpayers. Let the public, then, here today remember to place on the dedication altar of this monumental structure—alongside their gifts of steel and stone—that still more precious gift, the patriotic service of her citizen physicians and surgeons, by whose labor this structure shall endure.

1930 Wilshire Boulevard.

SELVATIC PLAGUE—ITS PRESENT STATUS IN CALIFORNIA*

By K. F. MEYER, PH.D.
San Francisco

IT is recognized quite universally that plague persists as a widespread epidemic among rats and other wild rodents. The most recent rat-borne plague has spread as a pandemic from a focus which developed in Hong Kong in 1894. Traveling along the trade routes of man it reached many ports and countries, where the rats were permitted to share with man his houses and his food supplies. Thus, in the countries with primitive civilization an intimate interplay of rodents and man favored the catastrophic outbreaks of plague which already claimed millions of victims. Experience

has taught that invariably an epidemic of rat plague precedes the appearance of the disease in man. Such a state of affairs was responsible for the epidemic of bubonic plague in San Francisco in 1900 and in 1907.

SELVATIC PLAGUE—MEANING OF THE TERM

On the other hand, the widespread liability of wild rodents to the plague bacillus has created large reservoirs of this pasteurellosis, which have existed for centuries in Asia or are in process of being created in other continents. This type of plague infection spreads slowly and insidiously from colony to colony of rodents, and is apparently independent of the usual lines of communication. It localizes principally in countries of a steppe or veldt-like character. The title *selvatic plague* (Jorge, Offic. internat. d'Hyg. Publ., 1928, 310, 435), is, therefore, quite appropriate. This source gives rise to sporadic cases among those who as hunters, trappers, and agriculturists or others are engaged in some branch of open-air life. The cases of bubonic plague which occurred in California between 1910 and 1924 (fifty-five cases with thirty-two deaths) belong to this type.

SELVATIC AND RAT-BORNE PLAGUE

There is a definite relationship between selvatic and rat-borne plague. Two formidable centers of rodent plague have existed for centuries in Transbaikalia and in Mongolia. From the latter developed the Manchurian pneumonic epidemic of 1910, which caused the death of 60,000 persons without a single recovery. From the steppes of south-eastern Russia and eastern Turkestan emanated the seeds for the black death of 1347 to 1349. Selvatic plague gives rise to pneumonic plague, provided overcrowding and climatic conditions of a low temperature and high humidity are favorable. That a secondary pneumonia which follows an exposure to a diseased squirrel may change to a primary pneumonia, is illustrated by an outbreak of pneumonic plague in Oakland, September, 1919 (fourteen cases and thirteen deaths). In fact, it is clearly demonstrated that once primary pneumonic plague has begun, other cases follow with great rapidity. An example of this sort presented itself at Los Angeles in 1924 (thirty-two cases with thirty deaths). The primary pneumonic plague was definitely preceded by bubonic type of rat origin. However, it is not unlikely that the rats originally contracted their plague infection from the squirrels.

Many hypotheses have been advanced to explain the pneumonic tendencies of wild rodent plague. Experimental evidence indicates that the strains of *Bacillus pestis* isolated from wild rodents possess a high virulence and a definite pneumotropism. This tendency is greatly diminished by repeated rat passages. The observations at Los Angeles confirm the recognized fact that centers of selvatic plague may give rise to epidemics of rat plague. Such transmissions have been repeatedly observed in Manchuria. It is not improbable that the epidemic in Hong Kong, which carried plague to the world, originated in the Mongolian steppe.

* From the Hooper Foundation for Medical Research of the University of California. Submitted by request.